



**RECREATION, PARKS AND OPEN SPACE
FACILITY USE APPLICATION (NOT A PERMIT)
AQUATIC AND BEACH FACILITIES**

**501 BOUSH STREET (RPOS OFFICE)
NORFOLK, VIRGINIA 23510
OFFICE: (757) 441-2400 FAX: (757) 441-5423**

AQUATIC & BEACH FACILITIES

FOR OFFICE USE ONLY:

Fee Attached _____
Paid (Receipt #) _____
Resident _____ Yes _____ No
Approved _____ Yes _____ No

EVENT AND FACILITY INFORMATION:

Facility Requested _____ Facility Address _____ Type of Activity _____
Date _____ Day of Week _____ Event Hours: Start Time _____ am/pm End Time _____ am/pm
(Use additional sheet if more than one day)
Estimated Number of Participants/Spectators _____ 0-25 _____ 26-50 _____ 50 plus (state number)
Participant Age Range _____ Swimming Ability _____ Number of Adults _____ Adult/Child Ratio _____

APPLICANT INFORMATION:

Responsible Person- Print name (Must be on site during permit hrs.) _____ Phone _____ Email _____
Organization Name (if applicable) _____ Type of Organization _____
Applicant's Address _____ City _____ State _____ Zip Code _____

FACILITY REQUESTED:

<u>Indoor Swimming Pools</u>	<u>Outdoor Swimming Pools</u>	<u>Norfolk Park Beaches</u>
<input type="checkbox"/> Huntersville Pool	<input type="checkbox"/> Berkley Pool	<input type="checkbox"/> Community Beach
<input type="checkbox"/> Southside Pool	<input type="checkbox"/> Chesterfield Pool	<input type="checkbox"/> Ocean View Park Beach
<input type="checkbox"/> Northside Pool	<input type="checkbox"/> NFWC Outdoor Pool	<input type="checkbox"/> Sarah Constant Beach
<input type="checkbox"/> NFWC Indoor Pool		<input type="checkbox"/> other (street address) _____

SWIMMING POOL REQUESTS:

Circle One

Does your event involve participants with special needs?	Yes	No
Does your event include land room space?	Yes	No
Does your event require deep water space?	Yes	No
Does your event require shallow water space?	Yes	No
Does your event require lap swimming lanes?	Yes	No
Does your event include use of the wading pool?	Yes	No

- All participants must complete a City of Norfolk Aquatics Participant Information and Release Form before using the swimming pool.
- In the event of thunder or lightening activity, the facility will be closed for 30 minutes from the time of the most recent occurrence.
- In the event of a vomit or fecal incident, the swimming pool will immediately be closed to all participants.

ALL FACILITY RENTALS:

- All activity participants must comply with facility rules and policies (please see written copy of facility rules).
- All responsible person's must clean up the areas that are being used (site is subject to inspection by facility staff). This time is included in the time of the scheduled event.
- All events may be monitored by City of Norfolk Staff.
- Under no circumstances will groups be permitted to remain beyond the scheduled rental time.
- Any discrepancy between this application and the actual event will be cause for future denial of facility use and additional fees will be assessed.

DESCRIBE SECURITY TO BE PROVIDED BY APPLICANT (attach security contract and insurance certificate upon request)

THE PERSON(S) TO WHOM A PERMIT IS ISSUED SHALL BE LIABLE FOR ANY LOSS, DAMAGE, OR INJURY SUSTAINED BY ANY PERSON BY REASON OF THE NEGLIGENCE OF THE PERSON OR PERSONS TO WHOM SUCH A PERMIT SHALL HAVE BEEN ISSUED. THE DIRECTOR MAY REQUIRE SUCH PUBLIC LIABILITY INSURANCE AS HE DEEMS TO BE IN THE BEST INTEREST OF THE CITY.

I have read the Department of Recreation, Parks & Open Space Aquatic Facility Rental Regulations, facility rules and agree and accept their terms.

Applicant's Name (please print) _____ Date _____

Applicant's Signature _____

FACILITY MANAGER DATE

DIVISION HEAD DATE

SUPERINTENDENT OF RECREATION & YOUTH SERVICES DATE